

Customer Service DivisionOffice locations - 7447 E. Indian School Road, Suite 110
or

9379 E. San Salvador Dr, Suite 100

Mailing Address - 3939 N. Drinkwater Blvd.
Scottsdale, Az. 85251-4468

Telephone - (480) 312-2400

**City of Scottsdale****TEENAGE DANCE CENTER APPLICATION**

License Number _____

Fee(s) _____

Ord. to Applicant Date & Initial _____

NOTE: ACCURACY IS IMPORTANT - PLEASE USE TYPEWRITER OR PRINT IN INK

To Applicant: Check all of your answers for accuracy. Your background investigation will be conducted from information supplied on this form. Do not leave any of the spaces blank. If they do not apply to you, write in the letters N/A indicating not applicable.

Business Name, Business Location, Business Telephone

<input type="text"/>																				<input type="text"/>			<input type="text"/>		<input type="text"/>		
BUSINESS NAME (Individual, Company or "DBA", first name first)																				Area Code			Business Telephone No.				
<input type="text"/>				<input type="text"/>	<input type="text"/>															<input type="text"/>		<input type="text"/>					
STREET NO.				(N,E,S,W)	STREET NAME															Type		STE./APT. NUMBER					
<input type="text"/>															<input type="text"/>		<input type="text"/>										
City															State		ZIP										

Applicant Information

Legal Name: Last _____ First _____ Middle _____

Other name(s) by which applicant has been know (include prior married name(s) & maiden name): _____

Present Residential Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Scars, tattoos, etc.: _____

Date of Birth: _____ Place of Birth: _____ SS#: _____

Driver's License #: _____ State: _____ Expires: _____

Have you ever been convicted in any jurisdiction of a felony, or any misdemeanor involving fraud, dishonesty, assaultive conduct or moral turpitude? ☐ Yes ☐ No

If yes, you must provide specific information describing:

WHO	OFFENSE	WHERE OFFENSE OCCURED	DATE OF OFFENSE	COURT(S) ENTERED INTO

Employment/Prior Business: Begin with most recent job. List all employment for past five (5) years.

Employment Date From - To	Employer Name and Address	Title & Duties	Supervisor's Name	Reason for Leaving

May we contact your present employer? Yes ☐ No ☐ Reason why not: _____

Have you or your business ever been refused any similar license or permit; or has any similar license or permit been revoked or suspended?
 Yes ☐ No ☐ If yes, please give explanation: _____
 (Please use additional paper if necessary)

What security precautions will be taken to prevent violations of these and other regulations contained in Scottsdale Revised Code?

Names and addresses of all owners and/or principals connected directly or indirectly with the operation of the proposed teenage dance center.

Name: _____					_____
Last	First	Middle	Title	Date of Birth	
Residential Address: _____					
Street	City	State	Zip	Telephone	

Name: _____					_____
Last	First	Middle	Title	Date of Birth	
Residential Address: _____					
Street	City	State	Zip	Telephone	

Name: _____					_____
Last	First	Middle	Title	Date of Birth	
Residential Address: _____					
Street	City	State	Zip	Telephone	

Name: _____					_____
Last	First	Middle	Title	Date of Birth	
Residential Address: _____					
Street	City	State	Zip	Telephone	

Names and addresses of all employees, agents and independent contractors, except musicians connected directly or indirectly with the proposed teenage dance center.

Name: _____					_____
Last	First	Middle	Title	Date of Birth	
Residential Address: _____					_____
Street	City	State	Zip	Telephone	

Name: _____					_____
Last	First	Middle	Title	Date of Birth	
Residential Address: _____					_____
Street	City	State	Zip	Telephone	

Name: _____					_____
Last	First	Middle	Title	Date of Birth	
Residential Address: _____					_____
Street	City	State	Zip	Telephone	

Name: _____					_____
Last	First	Middle	Title	Date of Birth	
Residential Address: _____					_____
Street	City	State	Zip	Telephone	

ADDITIONAL INFORMATION REQUIRED

Please attach a copy of each of the following:

- | | |
|--|--|
| 1. Proof that the applicant is a U.S. citizen or lawful resident alien who is authorized to work by the United States Department of Justice, Immigration and Naturalization Service. | 2. Birth Certificate
3. Driver's License
4. Social Security Card |
|--|--|

ADDITIONAL REQUIREMENTS

1. You must arrange for fingerprinting by the Scottsdale Police Department of all owners, principals, employees, agents and independent contractors, except musicians, connected indirectly or directly with the proposed operation of the teenage dance center.
2. A background check of all owners, principals, employees, agents and independent contractors, except musicians, connected directly or indirectly with the teenage dance center may be conducted by the Scottsdale Police Department.

I HEREBY CERTIFY THAT ALL THE ANSWERS TO THE QUESTIONS OF THIS QUESTIONNAIRE ARE TRUE AND COMPLETE, AND I AGREE AND UNDERSTAND THAT ANY FALSIFICATION OF MATERIAL FACTS MAY CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO, AND CONSIDERATION TO BE LICENSED IN THE CITY OF SCOTTSDALE, COUNTY OF MARICOPA, STATE OF ARIZONA.

Date _____

Applicant's Signature _____

FOR POLICE DEPARTMENT USE ONLY

Recommendation: Approved: <input type="checkbox"/> Denied: <input type="checkbox"/> Date: _____	
If denied - Reason: _____	
Officer _____	I.D. No. _____